

## Foster Family Home - Corrective Action Report

Provider ID: 1-618796

Home Name: Luzviminda dela Cruz, CNA

Review ID: 1-618796-7

94-479 Hoaeae Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/6/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RN  
Compliance Manager

Date

1/6/2020

Luzviminda dela Cruz  
Primary Care Giver

Date

1/6/2020